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Bib Data Sheet

SERIAL NUMBER 10/799,219	FILING DATE 03/12/2004 RULE	CLASS 052	GROUP ART UNIT 3635	ATTORNEY DCKE NO. HAGAMAN-HARRY-						
APPLICANTS Harry Edward Hagaman, Sebastopol, CA;										
** CONTINUING DATA ** This appln claims benefit of 60/474,031 05/29/2003 <i>Yes. NY</i>										
** FOREIGN APPLICATIONS ** <i>None. NY</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/07/2004										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 38	INDEPENDE CLAIMS 4						
ADDRESS HARRY E. HAGAMAN P.O. BOX 1229 HEALDSBURG, CA 95448										
TITLE Method of building										
FILING FEE RECEIVED 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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